

MDR Tracking Number: M5-04-3089-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on May 18, 2004.

In accordance with Rule 133.307 (d), requests for medical dispute resolution are considered timely if it is filed with the division no later than one (1) year after the date(s) of service in dispute. The Commission received the medical dispute resolution request on 05-18-04, therefore the following date(s) of service are not timely: 04-14-03 through 05-15-03.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$650.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The therapeutic exercises, joint mobilization, electrical stimulation, paraffin bath, range of motion measurements, myofascial release and unlisted modality **were found** to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 05-19-03 through 06-18-03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 17th day of September 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

PR/pr
Enclosure: IRO decision

September 14, 2004

Ms. Rosalinda Lopez
Texas Workers Compensation Commission
MS48
7551 Metro Center Drive, Suite 100
Austin, Texas 78744-1609

**NOTICE OF INDEPENDENT REVIEW DECISION
Corrected Letter**

RE: MDR Tracking #: M5-04-3089-01
TWCC #:
Injured Employee:
Requestor: Regional Physical Therapy
Respondent: Texas Mutual Insurance
MAXIMUS Case #: TW04-0312

MAXIMUS has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The MAXIMUS IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to MAXIMUS for independent review in accordance with this Rule.

MAXIMUS has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on the MAXIMUS external review panel. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. This physician is board certified in physical medicine and rehabilitation and is familiar with the condition and treatment options at issue in this appeal. The MAXIMUS physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to MAXIMUS for independent review. In addition, the MAXIMUS physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 43 year-old male who sustained a work related injury on _____. The patient reported that while at work he sustained a 4cm laceration to his right hand when he was hit with a metal strap. On 3/14/03 the patient underwent exploration of wound and repair of tendon, right ring finger for the diagnoses of laceration, right hand, with involvement of extensor tendon. Postoperatively the patient was treated with occupational therapy that included paraffin bath, vasopneumatic device, therapeutic exercises, and myofascial/soft tissue release.

Requested Services

Therapeutic exercises, joint mobilization, electrical stimulation, paraffin bath, range of motion measurements, unlisted modality and myofascial release from 5/19/03 – 6/18/03.

Documents and/or information used by the reviewer to reach a decision:

Documents Submitted by Requestor:

1. Operative report 3/14/03
2. Office notes 3/14/03 – 6/19/03
3. Progress Report 5/19/03
4. Exercise Flow Sheet 5/7/03 – 6/16/03
5. Daily Treatment Record 5/12/03 – 6/18/03

Documents Submitted by Respondent:

1. Same as above

Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is overturned.

Rationale/Basis for Decision

The MAXIMUS physician reviewer noted that this case concerns a 43 year-old male who sustained a work related injury to his right hand on _____. The MAXIMUS physician reviewer also noted that the patient underwent repair of wound and right ring finger extender tendon on 3/19/03. The MAXIMUS physician reviewer indicated that the patient received occupation therapy from 3/25/03 through 6/18/03. The MAXIMUS physician reviewer noted that as of 5/18/03 occupational therapy progress notes the patient still experienced decreased range of motion, strength, minimal swelling and was still wearing a splint. The MAXIMUS physician reviewer explained that the patient had not plateaued in therapy and was continuing to show improvement. The MAXIMUS physician reviewer noted that by 6/18/03 the patient's range of motion was normal and his strength had improved, however his grip strength had decreased. The MAXIMUS physician reviewer explained that the occupation therapy was necessary to increase range of motion, strength, and dexterity, to reduce swelling/scar tissue adhesions, and to obtain maximum function of the right hand. Therefore, the MAXIMUS physician consultant concluded that the therapeutic exercises, joint mobilization, electrical stimulation, paraffin bath, range of motion measurements, unlisted modality and myofascial release from 5/19/03 – 6/18/03 were medically necessary to treat this patient's condition.

Sincerely,
MAXIMUS

Elizabeth McDonald
State Appeals Department